

PLEASE
LETTER
PLAINLY
OR TYPE

Artist

SIGLER

FIRST NAME

LAST NAME

Address

2895 Silver Lake Blvd

FIRST NAME
Cuyahoga Falls Summit

Tel

ST NAME
Wa8-7094

NO

STREET

CITY

ZONE

COUNTY

[illegible]

Mrs Ward Sigler
SIGNATURE

SIGNATURE _____

REC'D MAR 08 1968